



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF OPERATIONS SUPPORT  
*BUREAU OF LICENSING & CERTIFICATION*

Nicholas A. Toumpas  
Commissioner

Mary P. Castelli  
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**CERTIFICATE OF RELIGIOUS EXEMPTION IN A CHILD CARE PROGRAM**  
**(IMMUNIZATIONS)**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR  
ADDRESS \_\_\_\_\_

The administration of immunizing agents conflicts with the above named child's religious beliefs. I understand that in the occurrence of an outbreak of vaccine-preventable disease in my child's child care program, the Bureau of Communicable Disease Control may exclude my child from the child care program, for his/her own protection, until the danger has passed.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

I hereby affirm that this affidavit was signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

NOTARY PUBLIC SEAL

My Commission Expires: \_\_\_\_\_  
Date